

5-03-04

Atty. Dkt. No. 035451-0145 (3682.Palm)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Hanson et al.

Title:

NON-VISIBLE LIGHT DISPLAY

**ILLUMINATION SYSTEM AND** 

**METHOD** 

Appl. No.:

09/989,273

Filing Date:

11/20/2001

Examiner:

Sawhney, Hargobind S.

Art Unit:

2875

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

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4-30-04

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**Beverly Hopkins** 

(Printed Name)

(Signature)

## NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Mail Stop **AF**Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Applicants hereby appeal to the Board of Patent Appeals from the decision of the final rejection dated November 3, 2003, and the Advisory Action dated April 5, 2004, of the Examiner finally rejecting Claims 1-4, 6-19, 22 and 24-27.

- [ ] Applicant claims small entity status.
- [X] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee
  - [ X ]To be paid as detailed below
  - [ ]Not required (Fee paid in prior appeal)

05/05/2004 MGEBREM1 00000109 09989273

01 FC:1401 02 FC:1253 330.00 OP 950.00 OP

Application No. 09/989,273

001.1624995.1

The required fees are calculated below:

[X]	Notice of Appeal Fee	\$330.00
[X]	Extension for response filed within the third month:	\$950.00
[X]	Extension Already Obtained for second month:	\$0:00
	FEE TOTAL:	\$1280.00
[ ]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1280.00

- Please charge Deposit Account No. 06-1447 in the amount of \$1280.00. A duplicate [ ] copy of this transmittal is enclosed.
- A check in the amount of \$1280.00 is enclosed. [X]
- The Commissioner is hereby authorized to charge any additional fees which may be [X]required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 30, 2004

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